

Lincoln Security  
Life Insurance Company  
Route 312, Southeast Executive Park  
Post Office Box 585  
Brentwood, New York 10509-0585

129862

PART 1 OF AN APPLICATION  
FOR LIFE INSURANCE

1. a. OLGA WISEMAN  
Full First Name, Middle Name or Initial Last Name  
b. Date of Birth [REDACTED] c. Age Nearest Birthday 28 d. Sex F  
Month Day Year  
e. Place of birth HUNGARY  
City State Country  
f. Are you a U.S. Citizen? Yes ☒ No ☐  
If "No", give details under Question 12 Part II

Address [REDACTED]  
No. & Street  
NEW YORK, N.Y. 10033  
City State Zip Code

2. a. Home Phone # ( )  
3. a. Plan of Insurance U-2  
(If Designer Life, complete questionnaire on back) (If Plan of Insurance contains premium adjustment provision, see Notice to Applicant below)  
b. Face Amount Applied For: 300,000  
c. Optional Riders: ☐ Waiver of Premium  
☐ Accidental Death Benefit \$ ( \$300,000 max )  
☐ Other Face Amount  
d. How shall premiums be payable? ☐ Quarterly  
☒ Annually ☐ Semi-Annually ☐ Pre-authorized Check Plan  
e. Owner's Social Security Number  
f. Is Automatic Premium Loan requested? Yes ☐ No ☒  
Premium Notices will be sent to Owner unless otherwise indicated under Question #12, Part II.  
NOTICE TO APPLICANT: The current premium for this Policy may be changed each year after the first, but it will not be greater than the premium that would otherwise be payable. The premium then charged is not guaranteed and the full maximum premium could be charged.

4. a. Primary Beneficiary JEFFREY WISEMAN Relationship to Insured SON  
GLORIA WISEMAN DAUGHTER  
All Primary Beneficiaries who survive the Insured shall share equally unless otherwise indicated.  
b. Contingent Beneficiary Relationship to Insured  
c. Owner Relationship to Insured  
No. and Street  
City State Zip Code  
If no Owner is designated, the Insured shall be the owner.

5. Are you negotiating for other life insurance? Yes ☐ No ☒  
If "yes", please give full details in separate letter.  
6. Do you intend the replacement or change of any of your existing life insurance policies or annuities in connection with this application for life insurance? Yes ☒ No ☐  
a. If "Yes", give company, amount and reason under Remarks  
b. If "No", propose insured initials required [REDACTED]

7. a. Name of employer: RETIRED  
b. Nature of business:  
c. Place of business:  
No. & Street  
City State Zip Code

d. Occupation How long so employed  
Give exact duties

e. Are you presently working full time? Yes ☐ No ☒

8. Do you now or do you intend to fly as a pilot, student pilot or crew member or engage in any amateur or professional sports activity? Yes ☐ No ☒  
If "Yes", an Aviation/Avocation Questionnaire is required.

9. Do you intend any change of residence or travel outside the United States or Canada? Yes ☐ No ☒  
If "Yes", Foreign Travel or Residence Questionnaire is required.

10. Have you ever applied for any life, accident or health insurance which has not been granted exactly as applied for in kind, amount, or rate? Has any insurance issued to you been cancelled or its renewal or reinstatement refused? (If "Yes", give details under Question #12, Part II.) Yes ☐ No ☒

11. a. Have you smoked cigarettes in the past twelve months? Yes ☐ No ☒  
If "No", proposed insured's initials required [REDACTED]

b. Do you use Tobacco in any other form? Yes ☐ No ☒  
(If "Yes", give details under Question #12, Part II.)

12. What is the total amount of life insurance in force on your life? (Do not include Group policies.)

Amount	Accidental Death Benefit	When Issued	Company
NATIONAL BENEFIT	150,000		

13. I have paid \$ \_\_\_\_\_ to the agent or broker in exchange for the Conditional Receipt bearing the same number as this application, and I agree to the conditions.

I have read the above questions and answers. I affirm that they are complete and true to the best of my knowledge and belief. I agree that this application shall form a part of any policy issued; that no waiver or change shall bind the company unless it is in writing and signed by the President or a Vice President or a Secretary or an Assistant Secretary; and that no policy shall take effect unless, during the lifetime and continued insurability of the Proposed Insured, the agent has delivered the policy to the Owner, the Owner has accepted it, and the first premium for the policy has been paid, except that if the first premium has been paid and the Company's Conditional Receipt has been issued, the provisions of such Conditional Receipt shall apply. I understand that if, within the last year I have received any treatment or advice from a physician for tumor or cancer or any brain, heart, lung or kidney disorder, a Conditional Receipt may not be given and money may not be collected.

Dated at NY on 8/23 19 91  
City & State Month Day Year

Witnessed Resident Agent

72068-4 NY

Witness

Signature of Proposed Insured

Signature of Applicant if other than Proposed Insured 6/1/89

PERSONAL  
STATEMENT

## QUESTIONS MUST BE COMPLETED, SIGNED AND DATED BY THE PROPOSED INSURED

- What is the purpose of this insurance? (e.g., Keyman, Stock Redemption, Buy and Sell, Creditor, Estate Liquidity, other)
- Personal Finances:
  - Total Assets \$ 150,000 +
  - Total Liabilities \$ 0
  - Net Worth \$ 150,000 +
  - Earned Income \$ \_\_\_\_\_
  - Unearned Income \$ 20,000 +
- Business Finances (Complete only if this is business insurance.):
  - Total Assets \$ \_\_\_\_\_
  - Total Liabilities \$ \_\_\_\_\_
  - Net Worth \$ \_\_\_\_\_
  - Net Profit After Taxes for Past Two Years \$ \_\_\_\_\_  
Last Year Previous Year
- What is your percentage ownership of this firm? \_\_\_\_\_
- Is there business insurance applied for or in force on other key members of this firm? Yes ☐ No ☐  
If "Yes", provide details: \_\_\_\_\_
- Have you or your company ever filed for bankruptcy? Yes ☐ No ☐  
If face amount applied for exceeds one million dollars, submit a copy of the business' most recent audited financial statement and/or annual report.
- Have you had a moving violation, traffic accident or your license suspended or revoked within the last three years? Yes ☐ No ☒  
If "Yes", include license number and state: \_\_\_\_\_
- Except for traffic violations, have you ever been arrested? Yes ☐ No ☒
- Provide full details of affirmative answers to questions 3 (g) through 5.

NO CASH EXCHANGE  
OPTIONDate: 8/23/91Signature of Proposed Insured: X. Oleg Wiseman

THE FOLLOWING QUESTIONS RELATE TO THE PROPOSED INSURED AND ARE TO BE ANSWERED FULLY BY THE AGENT OR BROKER OF RECORD.

Do you have knowledge or reason to believe that replacement of existing insurance may be involved? Yes ☒ No ☐  
Is spouse insured in favor of proposed insured? Yes ☐ No ☒ If "Yes", for what amount? \_\_\_\_\_  
In what companies? \_\_\_\_\_

List business associates or family members on whom applications are being submitted.

## REMARKS BY AGENT OR BROKER

Additional Policy requested by Agent or Broker must be indicated in this space.

General Agent Jimmy Zuck (Signed) ZUCKER (Print Name) ASBESTOS LITIGATION Code No. 326

First Writing Agent James Zuck (Signed) Zuck (Print Name) (Split %) Code No. 041 OK NY

Second Writing Agent \_\_\_\_\_ (Signed) \_\_\_\_\_ (Print Name) (Split %) Code No. \_\_\_\_\_

## TO BE COMPLETED BY GENERAL AGENT

Writing Agent's License for Lincoln Security is:  
In force ☐ pending ☐ not required ☐

For Home Office use only.

AMOUNT	_____
V#	_____ E. Date _____
CK #	_____ CK. Date _____
SND	_____

## HOME OFFICE USE

Agent licensed in \_\_\_\_\_ State \_\_\_\_\_

G.A. Licensed in \_\_\_\_\_ State \_\_\_\_\_

New Agent no. Assigned \_\_\_\_\_

By \_\_\_\_\_ L&C Clerk \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ D.E.O. \_\_\_\_\_

Lincoln Security  
Life Insurance Company  
Route 312, Southeast Executive Park  
P.O. Office Box 685  
Beverly, New York 10509-0685

129862

**NONMEDICAL PART II  
OF AN APPLICATION  
FOR LIFE INSURANCE**

**PROPOSED INSURED**

OLGA WISSEMAN  
Full First Name Middle Name or Initial Last Name  
Date of Birth [REDACTED] Sex F  
Month Day Year

1.a. Name and address of your personal physician?  
KENNETH PRAGER  
161 WEST WASHINGTON AVE NYC  
b. Date and reason last consulted? 4/91 check up  
c. What advice and treatment was given or medication prescribed?  
[REDACTED]

2. Have you ever been treated for or ever had any known indication of:  
a. Disorder of eyes, ears, nose or throat? Yes ☐ No ☒  
b. Dizziness, fainting, convulsions, headache, speech defect, paralysis, or stroke; mental or nervous disorder? Yes ☐ No ☒  
c. Shortness of breath, persistent hoarseness or cough, blood spitting, asthma, emphysema, tuberculosis or chronic respiratory disorder? Yes ☐ No ☒  
d. Chest pain, palpitations; high blood pressure; heart murmur, heart attack, or other disorder of the heart or blood vessels? Yes ☐ No ☒  
e. Jaundice, intestinal bleeding, ulcer, hernia, hepatitis, colitis, diverticulitis, recurrent indigestion, or other disorder of the stomach, intestine, liver, or gall bladder? Yes ☐ No ☒  
f. Sugar, albumin, blood or pus in urine, venereal disease; nephritis, stone, or other disorder of kidney, bladder, prostate or reproductive organs? Yes ☐ No ☒  
g. Diabetes, thyroid, or other endocrine disorder? Yes ☐ No ☒  
h. [REDACTED]  
i. Deformity lameness or amputation? Yes ☐ No ☒  
j. Disorder of skin, lymph glands, cyst, tumor, or cancer? Yes ☐ No ☒  
k. Allergies; anemia or other disorder of the blood? Yes ☐ No ☒

3. To the best of your knowledge or belief: Have you ever been diagnosed or treated for Acquired Immune Deficiency Syndrome (AIDS) or Aids Related Complex ("ARC") by a member of the medical profession? Yes ☐ No ☒  
(If "Yes", give details in Question 12.)

4.a. Have you used or do you now use barbituates, amphetamines, hallucinogenic drugs (including marijuana), narcotics, or any prescription drug except in accordance with a physician's instruction? Yes ☐ No ☒  
b. Have you ever received counseling, advice or treatment regarding the use of alcohol or drugs? Yes ☐ No ☒

5. Are you now under observation or taking treatment? Yes ☐ No ☐  
6. Other than Items 1,2,3,4 & 5, have you within the past 5 years:  
a. Had any mental or physical disorder not listed above? Yes ☐ No ☒  
b. Had a checkup, consultation, medical advice, illness, injury or surgery? Yes ☐ No ☒  
c. Been a patient in a hospital, clinic, sanitarium, or other medical facility? Yes ☐ No ☒  
d. Had an electrocardiogram, x-ray, or other diagnostic test? Yes ☒ No ☐  
e. Been advised to have any diagnostic test, hospitalization, or surgery which was not completed? Yes ☐ No ☒  
7. Have you ever had military service deferment, rejection, or discharge because of a physical or mental condition? Yes ☐ No ☒

8. Have you ever requested or received a pension, benefits, or payment because of an injury, sickness, or disability? Yes ☐ No ☒

9. FAMILY HISTORY:  
Age if Current Health Problems  
Living Death or Cause of Death  
Father 78 WAR  
Mother 82 OLD AGE  
Brothers 63  
78  
Sisters 65  
69

10.a. Have you ever had any disorder of menstruation, pregnancy, or the female organs or breasts? Yes ☐ No ☒  
b. To the best of your knowledge are you now pregnant? (If yes, give expected date of delivery). Yes ☐ No ☒

11. Height 5'5 Weight 140

12. DETAILS OF "YES" ANSWERS:  
(Identify question. Give dates, diagnosis, details and treatment plus names and addresses of all attending physicians and medical facilities.)

I have read the statements and answers to the above questions. I affirm that they are complete and true to the best of my knowledge and belief. I agree that this application shall form a part of any policy issued. I waive to such extent as may be lawful all provisions of law that would forbid the disclosure of any information about me by: 1) any physician or other person who may attend or examine me in the future. I waive this on behalf of myself. I also waive this on behalf of any other person who shall have or claim to have an interest in any policy issued on my life.

Dated at New York NY on 8/23 19 91  
City State Month Day Year

Signature of Proposed Insured X Olga Wisseman

Signature of Witness [Signature]

**Lincoln Security**

Lincoln Security  
Life Insurance Company  
Route 312, Southeast Executive Park  
Post Office Box 585  
Brewster, New York 13509-0585  
An affiliate of Lincoln National Corporation

Part II of an  
Application for  
Life Insurance

**PROPOSED INSURED:**

Olan Wiseman  
Full First Name Middle Name or Initial Last Name  
Date of Birth 5/19/41 Sex M

1. a. Name and address of your personal physician?  
Dr. Kenneth Prager  
New York City, NY

b. Date and reason last consulted?  
checkup - 5/91

c. What advice and treatment was given or medication prescribed?  
None.

2. Have you ever been treated for or ever had any known indication of:

a. Disorder of eyes, ears, nose or throat? Yes ☐ No ☒

b. Dizziness, fainting, convulsions, headache, speech defect, paralysis, or stroke; mental or nervous disorder? Yes ☐ No ☒

c. Shortness of breath, persistent hoarseness or cough, blood spitting; asthma, emphysema, tuberculosis, or chronic respiratory disorder? Yes ☐ No ☒

d. Chest pain, palpitations; high blood pressure; heart murmur, heart attack, or other disorder of the heart or blood vessels? Yes ☐ No ☒

e. Jaundice, intestinal bleeding, ulcer, hernia, hepatitis, colitis, diverticulitis, recurrent indigestion, or other disorder of the stomach, intestine, liver, or gall bladder? Yes ☐ No ☒

f. Sugar, albumin, blood or pus in urine, venereal disease; nephritis, stone, or other disorder of kidney, bladder, prostate or reproductive organs? Yes ☐ No ☒

g. Diabetes, thyroid, or other endocrine disorder? Yes ☐ No ☒

h. Neuritis, sciatica, rheumatism; arthritis, gout, or disorder of the muscles or bones? Yes ☐ No ☒

i. Deformity, lameness, or amputation? Yes ☐ No ☒

j. Disorder of skin, lymph glands, cyst, tumor, or cancer? Yes ☐ No ☒

k. Allergies; anemia or other disorder of the blood? Yes ☐ No ☒

3. To the best of your knowledge or belief: Have you ever been diagnosed or treated for Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) by a member of the medical profession? Yes ☐ No ☒

4. a. Have you ever used or do you now use barbiturates, amphetamines, hallucinogenic drugs (including marijuana), narcotics, or any prescription drug except in accordance with a physician's instruction? Yes ☐ No ☒

b. Have you ever received counseling, advice, or treatment regarding the use of alcohol or drugs? Yes ☐ No ☒

5. Are you now under observation or taking treatment? Yes ☐ No ☒

6. Other than Items 1, 2, 3, 4 & 5, have you within the past 5 years:

a. Had any mental or physical disorder not listed? Yes ☐ No ☒

b. Had a checkup, consultation, medical advice, illness, injury or surgery? Yes ☐ No ☒

c. Been a patient in a hospital, clinic, sanitarium, or other medical facility? Yes ☐ No ☒

d. Had an electrocardiogram, x-ray, or other diagnostic test? Yes ☒ No ☐

e. Been advised to have any diagnostic test, hospitalization, or surgery which was not completed? Yes ☐ No ☒

7. Have you ever had military service deferment, rejection, or discharge because of a physical or mental condition? Yes ☐ No ☒

8. Have you ever requested or received a pension, benefits, or payment because of an injury, sickness, or disability? Yes ☐ No ☒

**9. FAMILY HISTORY:**

	Age If Living	Age at Death	Current Health Problems or Cause of Death
Father		?	Killed in concentration camp
Mother	72	79	Doesn't know
Brothers	78		
Sisters	76		

10. a. Have you ever had any disorder of menstruation, pregnancy, or the female organs or breasts? Yes ☐ No ☒

b. To the best of your knowledge are you now pregnant? (If yes, give expected date of delivery). Yes ☐ No ☒

**DETAILS OF "YES" ANSWERS:**

(Identify question. Give dates, diagnosis, details, and treatment plus names and addresses of all attending physicians and medical facilities.)

I have read the statements and answers to the above questions. I affirm that they are complete and true to the best of my knowledge and belief. I agree that this application shall form a part of any policy issued. I waive to such extent as may be lawful all provisions of law that would forbid the disclosure of any information about me by any physician or other person who may attend or examine me in the future. I waive this on behalf of myself. I also waive this on behalf of any other person who shall have or claim to have an interest in any policy issued on my life.

Dated at New York City NY on 8 1 19 91  
City State Month Day

Signature of Proposed Insured Olan Wiseman

Signature of Witness Lorrie Minter M.D.

72105-3NY Lorrie Minter 2/1/89

AGE/SEX: 70/FEMALE/PRF NONSMOKER  
AGENT: MURRAY ZUCKERDESIGN 1  
SPECIFIED AMOUNT: \$300,000  
CURRENT 8.75% PROJECTED 8.00%

1033 DEPOSIT: \$31,070.00

GUARANTEED 4.50%

END OF YEAR	AGE	ANNUALIZED PREMIUM	ACCU VALUE	SURR VALUE	DEATH BENEFIT	ACCU VALUE	SURR VALUE	DEATH BENEFIT	ACCU VALUE	SURR VALUE	DEATH BENEFIT
1	71	0	29,498	16,007	300,000	29,286	15,795	300,000	28,295	14,804	300,000
2	72	4,000	33,380	21,302	300,000	32,908	20,830	300,000	27,033	14,955	300,000
3	73	4,000	37,845	26,790	300,000	36,761	26,006	300,000	24,937	14,182	300,000
4	74	4,000	41,894	32,369	300,000	40,738	31,213	300,000	21,769	12,244	300,000
5	75	4,000	44,293	37,911	300,000	44,697	36,313	300,000	17,263	8,881	300,000
TOTAL 5		16,000									
6	76	4,000	50,950	43,627	300,000	48,878	41,513	300,000	11,125	3,802	300,000
7	77	4,000	55,866	49,518	300,000	53,153	46,805	300,000	3,035	0	300,000
8	78	4,000	60,866	55,409	300,000	57,434	51,997	300,000	INSUFFICIENT PREMIUMS		
9	79	4,000	65,916	61,275	300,000	61,694	57,053	300,000			
10	80	4,000	71,044	67,141	300,000	65,884	61,981	300,000			
TOTAL 10		36,000									
11	81	4,000	76,194	72,957	300,000	69,949	66,712	300,000			
12	82	4,000	81,308	81,308	300,000	73,811	73,811	300,000			
13	83	4,000	86,331	86,331	300,000	77,386	77,386	300,000			
14	84	4,000	91,230	91,230	300,000	80,608	80,608	300,000			
15	85	4,000	95,947	95,947	300,000	83,378	83,378	300,000			
TOTAL 15		56,000									
16	86	4,000	100,495	100,495	300,000	85,444	85,664	300,000			
17	87	4,000	104,737	104,737	300,000	87,263	87,263	300,000			
18	88	4,000	108,550	108,550	300,000	87,971	87,971	300,000			
19	89	4,000	111,817	111,817	300,000	87,369	87,369	300,000			
20	90	4,000	114,568	114,568	300,000	85,980	85,980	300,000			
TOTAL 20		76,000									
AGE 80	36,000	71,044	67,141	300,000	65,884	61,981	300,000	INSUFFICIENT PREMIUMS			
AGE 85	56,000	95,947	95,947	300,000	83,378	83,378	300,000				
AGE 90	76,000	114,568	114,568	300,000	85,980	85,980	300,000				
AGE 92	84,000	118,848	118,848	300,000	79,080	79,080	300,000				
AGE 94	92,000	121,021	121,021	300,000	65,440	65,440	300,000				

SURR/NET 10 YR: 7.52/24.46  
COST PYMT 20 YR: 9.23/20.238.82/24.46  
11.97/20.23NA/NA  
NA/NA

Our current interest rate is 8.75%. Current values are illustrative only and assume the current rate is credited to all accumulated values. Guaranteed rate is 4.50%. These projections may change with variations in the current interest rates, mortality assumptions, and the timing and amount of premium payments and withdrawals.

Based upon current interpretation, the premium payments illustrated in the first seven years comply with the requirements of the Technical and Miscellaneous Revenue Act of 1968. This compliance is for premium only and does not take into consideration any material changes to the contract.

V10.0

PAGE 1 OF 2

NP : 4021.00  
GSP: 152823.12

TAMRA : 24245.08

DP : 12525.00  
GLP: 17452.81

PREPARED 8/23/91

AGE/SEX: 70/FEMALE/PREF NONSMOKER  
AGENT: MURRAY ZUCKERDESIGN 1  
SPECIFIED AMOUNT: \$300,000

1035 DEPOSIT: \$31,070.00

CURRENT 8.75%

PROJECTED 8.00%

GUARANTEED 4.50%

END OF YEAR	AGE	ANNUALIZED PREMIUM	ACCU VALUE	SURR VALUE	DEATH BENEFIT	ACCU VALUE	SURR VALUE	DEATH BENEFIT	ACCU VALUE	SURR VALUE	DEATH BENEFIT
21	91	4,000	116,896	116,896	300,000	83,182	83,182	300,000			
22	92	4,000	118,848	118,848	300,000	79,080	79,080	300,000			
23	93	4,000	120,358	120,358	300,000	73,411	73,411	300,000			
24	94	4,000	121,021	121,021	300,000	65,440	65,440	300,000			
25	95	4,000	120,310	120,310	300,000	54,167	54,167	300,000			
TOTAL	25	96,000									

AGE 80	36,000	71,044	67,141	300,000	63,884	61,981	300,000	INSUFFICIENT PREMIUM
AGE 85	56,000	95,947	95,747	300,000	83,378	83,378	300,000	
AGE 90	76,000	114,568	114,568	300,000	85,980	85,980	300,000	
AGE 92	84,000	118,848	118,848	300,000	79,080	79,080	300,000	
AGE 94	92,000	121,021	121,021	300,000	65,440	65,440	300,000	

SURR/NET 10 YR:	7.52/24.46	8.82/24.46	NA/NA
COST PYMT 20 YR:	9.23/20.23	11.97/20.23	NA/NA

Our current interest rate is 8.75%. Current values are illustrative only and assume the current rate is credited to all accumulated values. Guaranteed rate is 4.50%. These projections may change with variations in the current interest rates, mortality assumptions, and the timing and amount of premium payments and withdrawals.

Based upon current interpretation, the premium payments illustrated in the first seven years comply with the requirements of the Technical and Miscellaneous Revenue Act of 1988. This compliance is for premium only and does not take into consideration any material changes to the contract.

V10.0

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HP : 4021.00

GSP : 152823.12

TAMRA : 24245.08

DP : 12525.00

GLP : 17652.81

PREPARED 8/23/01



## EXHIBIT A

## COMPARISON STATEMENT

Name of Applicant OLGA WISEMAN  
 Address [REDACTED] NYC 10033  
 Street City State Zip Code  
 Name of Insured if Other Than Applicant [REDACTED]  
 Date of Birth of Insured [REDACTED]

## 1. COMPARATIVE INFORMATION

Item	Existing Life Insurance	Proposed Life Insurance
Policy Number <u>① 5171 ② 6571N</u>		
Insurance Company <u>③ NAT. Benefit L.F.A.</u>	<u>NAT. Benefit L.F.A.</u>	<u>LINCOLN SECURITY</u>
Amount of Basic Insurance:		
Currently	\$ <u>150,000</u>	\$ <u>150,000</u>
10 Years Hence	\$ <u>150,000</u>	\$ <u>150,000</u>
20 Years Hence	\$ <u>150,000</u>	\$ <u>150,000</u>
At Age 65	\$ <u>150,000</u>	\$ <u>150,000</u>
Basic Plan of Insurance	<u>V.L.</u>	<u>V.L.</u>
Present Amount of Term Rider(s)	\$ <u>—</u>	\$ <u>—</u>
Issue Age	<u>① 64 ② 65 ③ 66</u>	<u>70</u>
Issue Date	<u>① 1/15/85 ② 2/4/87 ③ 2/4/86</u>	<u>1991</u>
Premium for:	Yr. Prem. Payable to	Yr. Prem. Payable to
Basic Policy	Year Coverage Ceases	Year Coverage Ceases
*Accidental Death Benefit		
*Waiver of Premium Benefit		
*Disability Income Benefit		
Family Income or Increased Protection Rider		
Option to Purchase Additional Insurance		
Other Benefits (Explain)		
Total Current Premium	\$ <u>4,000</u>	\$ <u>4,000</u>
Frequency of Premium Payment	<u>ANNUALLY</u>	<u>—</u>

- \* If Premium For Benefits: (A) is not separable from basic policy premium, insert "Included in Basic Policy Premium," or (B) is an aggregate premium, show the aggregate premium.

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- ♦ If more than one existing life insurance policy is to be affected by a transaction included within the definition of a replacement contained in Section 3 of the Regulation, (1) the existing life insurance column of a separate signed Comparison Statement form must be completed for each such policy providing the information required by the form with respect to existing policies, and (2) a separate signed Comparison Statement form must be completed for the proposed policy. The latter form must summarize, to the extent possible, the information concerning the existing policies set forth on the separate forms, and must include the information required in Sections 2 through 5 of the Comparison Statement.

<u>Tabular Cash Values:</u>	<u>+Existing Life Insurance</u>	<u>Proposed Life Insurance</u>
At Present	\$ 31,070	\$ 28,337
1 Year Hence	35,962	35,240
5 Years Hence	57,736	58,227
10 Years Hence	88,133	111,122
At age <u>95</u> (Highest age shown in Cash Value Table of existing policy)	\$ 230,196	\$ 500,472
Cash Value of any existing Dividend Additions or Accumulations (if available from applicant)	\$ -	\$ -
Amount of Loan Now Outstanding, if any	\$ -	\$ -
Amount of Annual Loan Interest	\$ -	\$ -
Date Contestable Period Expires	EXPIRED	8/93
Date Suicide Clause Expires	EXPIRED	8/93
<b>Dividends**</b>		
Is Policy Participating?		
Annual Dividend (current scale)		
1 year hence		
2 years hence		
5 years hence		
10 years hence		
Total 10 years	\$	\$

2. Advantages of Continuing the Existing Life Insurance:

*No Contestable Period*

3. Advantages of the Proposed Replacement of the Existing Life Insurance:

*Higher Cash Values Lower Costs*



## 4. Additional Information:

- (A) The Existing Life Insurance Cannot Fulfill Your Intended Objectives for the Following Reason(s):

*Low Cash Values for Premium Paid*

- (B) Under the Proposal, the Existing Life Insurance Policy Will Be Treated as Follows:

*1035 EXCITANKE  
TERMINATE*

5. The Primary Reason for the Proposed Replacement of the Existing Life Insurance by New Insurance is as Follows:

*LOWER COST  
HIGHER VALUES*

Date

*8/21/91*

Signature of Agent

Address

\*\* Dividends are based on the 19\_\_ dividend scale. The dividends shown are not to be construed as guarantees or estimates of dividends to be paid in the future. Dividends depend on mortality experience, investment earnings and other factors, and are determined each year in the sole discretion of the Company's board of directors.

The Agent is responsible for furnishing required dividend information. It is recommended that he obtain this for the policy being replaced from the Company issuing the original insurance. As an alternative, however, he may show dividends on closest comparable policy, amount, age and duration from current statistical manuals (interpolating where necessary). It is to be recognized that dividend information under this alternative method with respect to existing insurance is not likely to be as accurate as dividend information obtained directly from the Company issuing the original insurance.

Source of dividend information used: \_\_\_\_\_

I hereby acknowledge that I received the above "Comparison Statement" and the "Notice to Applicants Regarding Replacement of Life Insurance" before I signed the application for the proposed new insurance.

Date

Signature of Applicant

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